Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN4719	A. BUILDING: 01 - MAIN B. WING	02/08/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST HILLS HEALTH AND REHAB	6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor ' s closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain negative air pressure in all required areas. The findings included: Observation and interview with the maintenance director on 2/8/16 between 9:00 and 11:00 AM revealed the following areas did not have the required negative air pressure; 1. Room 411 and 412 restrooms had no exhaust fans. 2. Room 320 restroom. 3. Staff restroom by dining room 600 hall. 4. Janitor's closet 323. 5. Janitor's closet 721. 6. Restroom by cross corridor doors on 400 hall. 7. Restroom and bio-hazard room by room 404. These findings were verified by the maintenance director and verified by the administrator during the exit conference on 2/2/16.	N 848	**How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;** The Environment Supervisor audited both transfer switch locations for working battery-powered emergency lighting on 2/8/16. After replacement of one light, both lights were working properly. All residents had the potential to be affected but none were found to be affected. **What measures will be put into place or what systematic changes you will make to ensure that the deficient practice will not recur;** The Administrator inserviced the Environmental Supervisor that emergency generator transfer switch must have a working battery-powered emergency light. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.** The Environmental Supervisor audited that the battery-powered emergency lighting at the generator transfer switch was working properly weekly for one month and then monthly for 2 months or until 100% compliant. Audit results will be integrated into the Quality Assurance Performance Improvement Meeting by the Environmental Supervisor. The team members are the Administrator, Director of Nursing, Admissions Director, Unit Mangers, Social Workers, Dietary Manager, Environmental Supervisor, Activities Director, Medical Records Director, Rehab Director, Business Office Manager, Medical Director.	3-4-16